

APPLICATION FOR EMPLOYMENT

Meeker Sanitation District, PO Box 417, 265 8th Street, Meeker, CO 81641 (970) 878-5192

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Department	Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk - In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Initial		
Mailing Address	Street	City	State	Zip Code
Telephone Number(s)	e-mail address	Social Security Number		

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

MEEKER SANITATION DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

Education

	High School Diploma	Undergraduate College/University	Graduate Professional	Other Specify
School Name and Location				
Years Completed <small>circle one</small>	Diploma Yes No	1 2 3 4	1 2 3 4	
Diploma / Degree				
Describe Course of Study				
Describe any specialized training , apprenticeship, skills and any other activities which you feel would be an asset.				
Describe any honors you have received.				
State any additional information you feel may be helpful to us in considering your application.				

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe. _____

Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed From	To	Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting		Final
Job Title	Supervisor		
Reason for leaving or seeking other employment			

Employer	Dates Employed From	To	Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting		Final
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed From	To	Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting		Final
Job Title	Supervisor		
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Employer	Dates Employed From	To	Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting		Final
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience.

Please provide a copy of any license, certification, or degree required to perform this job.

Applicant's Statement

I verify that the information supplied herein is complete and truthful. Any misrepresentation or admission can be justification for refusal of employment, or, if employed, termination of employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I agree that the District and its employees and my previous employers and their employees shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or my employment is terminated because of false statements, answers or omissions made by me in this applications.

I hereby give the District permission to do a full and complete background check, including a criminal background check, and I acknowledge that my employment or continued employment depends upon the successful completion of such screenings.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____

Name and Title

Date

Notes _____
